

**Alaska Council on Domestic Violence and Sexual Assault  
Program Participant Information Form**

Program Participant ID: \_\_\_\_\_

Date of Contact: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Name \_\_\_\_\_ or  Anonymous Contact  
First Middle Last

Mailing Address \_\_\_\_\_  
Box/Street City State Zip

Contact Phone(s) \_\_\_\_\_  
(Only if safe to use) Cell Home Work Message

Program ID#'s of Participant's Children \_\_\_\_\_

---

**PROGRAM PARTICIPANT DEMOGRAPHICS**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ or Approximate Age: \_\_\_\_  
MM DD YY

Gender:  Female  Male  Other \_\_\_\_\_

Race/Ethnicity:  American Indian  Native Alaskan  Pacific Islander  Other Race  
(select all that apply) /Native Hawaiian  
 Asian  Black/African  Caucasian/White  Hispanic/Latino  Race is Unknown  
American /Not disclosed

---

**SPECIAL CLASSIFICATIONS (Self Reported)**

Does the Program Participant Self-Identify as:

Deaf/Hard of Hearing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Immigrant/Refugee/Asylum Seeker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
LGBTQ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
A Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Having a Disability--Cognitive, Mental, or Physical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Having Limited English Proficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Other? If so please explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

---

The information contained on this form is protected by state and federal confidentiality laws and cannot be released from Program records without informed written consent of the program participant or a court order. Contact the Program Executive Director or the ANDVSA Legal Advocacy Project before releasing this information.

Completed By: \_\_\_\_\_ on Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ on Date: \_\_\_\_\_